



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

Meningococcal Disease

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Stiff neck

☐ ☐ ☐ ☐ Cough Onset date ____/____/____

☐ ☐ ☐ ☐ Eyes sensitive to light (photophobia)

☐ ☐ ☐ ☐ Rash

☐ ☐ ☐ ☐ Other symptoms consistent with illness: _____

Clinical Findings (continued)

Y N DK NA

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Pericarditis or pericardial effusion

☐ ☐ ☐ ☐ Cellulitis

☐ ☐ ☐ ☐ Epiglottitis

☐ ☐ ☐ ☐ DIC

☐ ☐ ☐ ☐ Amputation

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required

☐ ☐ ☐ ☐ Complications, specify: _____

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Smokes tobacco

☐ ☐ ☐ ☐ Prolonged time indoors where people smoke

☐ ☐ ☐ ☐ Respiratory disease in 2 weeks before onset

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Meningococcal vaccine in past Type: _____

Date of last vaccination (mm/yyyy) ____/____/____

Laboratory

Collection date ____/____/____

P = Positive O = Other, unknown

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **N. meningitidis culture (excluding pharyngeal)**

☐ CSF ☐ Blood ☐ Bronch ☐ Other (sterile site): _____

☐ ☐ ☐ ☐ ☐ **N. meningitidis antigen test (CSF)** _____

N. meningitidis serogroup: ☐ A ☐ B ☐ C ☐ Y

☐ W135 ☐ Other _____ ☐ Unknown

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Meningococcemia

☐ ☐ ☐ ☐ Pneumonia or pneumonitis

X-ray confirmed: ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Rash observed by health care provider

Rash distribution: _____

☐ Generalized ☐ Localized

☐ Macular ☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous ☐ Other

☐ ☐ ☐ ☐ Purpura fulminans

☐ ☐ ☐ ☐ Rash – petechial

☐ ☐ ☐ ☐ Bacteremia

☐ ☐ ☐ ☐ Septic arthritis

☐ ☐ ☐ ☐ Coma

☐ ☐ ☐ ☐ Altered mental status

INFECTION TIMELINE

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Exposure period

Days from onset:

Calendar dates:

Contagious period*

1 week prior

* unless treated for nasopharyngeal carriage

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Destinations/Dates: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
 If dormitory residence, name: _____
 If dormitory residence, # of roommates: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Human saliva (e.g. water bottle, cigarettes, lipstick, eating utensils)
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Employed in laboratory

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____
 Date/time antibiotic treatment began: ____/____/____ AM PM # days antibiotic actually taken: _____
☐ ☐ ☐ ☐ Treated for nasopharyngeal carriage
☐ ☐ ☐ ☐ Antibiotic use before specimen collected

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Attends child care or preschool
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Prophylaxis of appropriate contacts recommended:
☐ Household members ☐ Roommates
☐ Child care contacts ☐ Playmates ☐ Other children
☐ Other patients ☐ Medical personnel ☐ EMTs
☐ Co-workers ☐ Teammates ☐ Carpools
☐ Other close contacts: _____
 Number of contacts recommended prophylaxis: _____
 Number of contacts receiving prophylaxis: _____
 Number of contacts completing prophylaxis: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____